The prevalence of infant bed sharing in Norway and its relation to breastfeeding

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Abstract

Objective: To establish the prevalence of various types of bed sharing in Norway and investigate the relation between bed sharing and breastfeeding.

Methods: 193 Norwegian mothers completed two questionnaires, the first one during pregnancy and the second one when their infants were approximately 6-7-months-old. Data on sleeping and breastfeeding expectations and realities were obtained and analyzed.

Results: 23.4% of the infants shared a bed with someone else last night. 40.3% bed shared with their mothers at least once during the last week. 69.5% bed shared with their mothers an average of at least once a week during the first month. 91.2% ever bed shared.
Current bed sharing was significantly related to current breastfeeding ($p = .001$), but not significantly related to exclusive breastfeeding the first 6 months (last night $p = .432$, last week $p = .428$).
Early bed sharing was significantly related to exclusive breastfeeding the first 6 months ($p = .033$), but not significantly related to current breastfeeding ($p = .489$).
Usual bed sharers were significantly more likely than both usual room sharers (using fisher's exact test, $p = .020$) and usual solitary sleepers (using fisher's exact test, $p = .003$) to be currently breastfeeding. Although room sharers were more likely than solitary sleepers to be currently breastfeeding, this relation was not significant ($p = .194$).
Although most of the reported infant bed sharing occurred in the presence of the mother or the mother and one other adult, without the presence of other children, a substantial minority of the responding mothers reported other types of bed sharing.

Conclusion: Bed sharing is common in Norway. Recent bed sharing is strongly related to current breastfeeding. Early bed sharing is related to exclusive breastfeeding the first 6 months. Current breastfeeding is significantly related to usually bed sharing, but not usually room sharing. Most infant bed sharing occurs in the presence of the infant's mother and without the presence of other children.

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Introduction

Bed sharing between parents and infants is currently hotly debated in both the popular media and scientific literature. Parents looking for information about whether bed sharing will influence their infant's risk to sudden infant death syndrome (hereinafter SIDS), whether bed sharing can be recommended to help them facilitate breastfeeding, or whether bed sharing could benefit or harm their infant in other ways, are often receiving conflicting and confusing messages.

The question of whether bed sharing is a risk factor for SIDS is controversial. Some studies investigating the relation between bed sharing and SIDS have shown an increased risk of SIDS associated with bed sharing, others have shown no significant relation and still others have suggested that bed sharing could protect infants at risk for SIDS. (Arnestad, Andersen, Vege & Rognum 2001). Mosko, Richard and McKenna (1997) reason that because bed sharing increases infant arousability, bed sharing might protect infants at risk of SIDS due to a hypothesized arousal deficit. Additionally, the closer proximity of the mother to her infant, and her response to the infant's arousals could also protect the infant (Mosko et al., 1997a; Mosko et al., 1997b). In some cultures where bed sharing is common, the SIDS rate is much lower than is typically found in western industrialized societies (Davies 1994), perhaps due to the differing ways various cultures practice bed sharing, such as, for example, the type of bedding or mattresses typically used (Nelson & Chan 1996). The bulk of the research, however, indicates that, at least if the mother is a smoker, bed sharing increases a young infants SIDS risk (American Academy of Pediatrics (AAP) 2005b; Fleming et. al., 1996; McGarvey, McDonnell, Chong, O'Regan & Mathews 2003; Blair et al., 1999; Mitchell & Thompson 1995; Klonoff-Cohen & Edelstein 1995). And at least two studies have found that bed sharing increases a young infant's SIDS risk even if the mother is a non-smoker (Carpenter et. al., 2004; Tappin, Ecob, Stat, & Brooke 2005). As a result, some experts have advised against all forms of bed sharing (AAP 2005b).

Interpreting the results of these studies, however, is complicated by the fact that the terms, "bed sharing" and "co-sleeping" are often used interchangeably, the terms are often not clearly defined, and the definitions vary from study to study (Rath & Okum, 1995; McKenna & McDade 2005). Known hazardous sleeping arrangements, such as sharing a sofa (Tappin et al., 2005), or infants and siblings sharing a sleep surface (Hauck et al., 2003), are often included under the term "bed sharing". How the terms are defined will affect the results of the study, and the various definitions used make it difficult to compare the results of various

studies, or to interpret them in relation to any specific sleeping arrangement (McKenna & McDade 2005). Also, important factors like whether or not the parents are smokers or under the influence of alcohol or drugs (Scragg, Mitchell, Taylor & Stewart 1993), and whether or not the studied infants are bottle fed or breastfed and are often ignored (McKenna 2000; McKenna & McDade 2005). While in normal populations bed sharing is consistently associated with increased breastfeeding (Alquist et al., 2005), in a SIDS population in the US, there was a trend towards less breastfeeding in bed sharing cases (Ostfeld et al., 2006). Breastfeeding bed sharing SIDS infants and non breastfeeding bed sharing SIDS infants also had distinct risk profiles (Ostfeld et al., 2006). It is difficult to control for all of the possible confounding factors, thus finding causation is complicated.

The results of a recent Norwegian study investigating bed sharing and SIDS illustrates the need for carefully controlled studies in order to determine whether bed sharing per se is hazardous. Stray-Pedersen, Arnestad, Vege, Sveum and Rognum (2005) found that bed sharing significantly increased the SIDS risk for infants younger than 2 months old. However, in their discussion they point out that bed sharing by itself did not seem to increase an infant's SIDS risk, as during the entire study period, they only registered one SIDS death occurring in a bed sharing situation where other risk factors such as smoking or sleeping on a sofa or narrow bed were not present (Stray-Pedersen et al., 2005). Similarly, when Gessner, Ives and Perham-Hester (2001) studied 130 SIDS cases occurring in Alaska between 1992 and 1997, they were only able to identify one isolated case of a bed sharing infant dying of SIDS in the absence of other known risk factors. These findings suggest that while it is important to avoid hazardous forms of bed sharing, bed sharing in the absence of other risk factors is not hazardous.

In 2000, the American Academy of Pediatrics (AAP) addressed whether bed sharing is a risk factor for SIDS, and found that there "…are insufficient data to conclude that bed sharing under carefully controlled conditions is clearly hazardous or clearly safe." The AAP stated that bed sharing could be hazardous in certain situations, and provided parents who chose to bed share with the following advice: Infants should sleep in the non-prone sleeping position, soft surfaces or loose covers should be avoided, entrapment should be avoided by moving the bed away from the wall and other furniture that present entrapment possibilities, no one besides the parents should share a bed with the baby, bed-sharing parents should not smoke or use other substances such as alcohol or drugs, that may impair arousal and overheating should be avoided (AAP, 2000). However, five years later, the AAP came out with new recommendations, and this time, they specifically advised against bed sharing.

Additionally, they did not provide any advice about how to bed share as safely as possible to parents choosing to bed share anyway. The AAP reasoned that "the evidence is growing that bed-sharing, at least as practiced in the United States and other western countries, is more hazardous than the infant sleeping on a separate sleep surface" (AAP 2005b). The AAP recommends that the infant sleep in the same room as the mother, but in a separate "…crib, bassinet or cradle that conforms to the safety standards of the Consumer Product Safety Commission" (AAP 2005b).

A close look at the research relied upon by the AAP to advise parents against all forms of parent infant bed sharing reveals that only two of the studies found a significant relation between bed sharing and SIDS risk in young infants if the mother does not smoke (Carpenter et al., 2004; Tappin et al., 2005), and both of them included known hazardous forms of sleep sharing under the term "bed sharing".

In the first study, Carpenter and colleagues found that if the mother did not smoke, bed sharing slightly but significantly increased the SIDS risk for infants younger than 8 weeks old (Carpenter et. al., 2004). However, in this study they did not investigate whether there is any difference between the risk for breastfed and bottle fed infants. Further, this study defines bed sharing as all night bed sharing with an adult. Thus bed sharing with adults other than parents is included, and whether bed sharing between the infant and other children is included is not addressed. Similarly, there is no information regarding whether sharing a sofa, chair or other unsafe sleep surface is included under the term "bed sharing".

In the second study, Tappin and colleagues found that for infants younger than 11 weeks old, bed sharing significantly increased the risk of SIDS, even if the mother was a non smoker. The risk remained significant even if the infant was breastfed. However, they defined bed sharing as sharing any sleep surface during last sleep, this included beds, coaches, chairs and cots. Further, sibling bed sharing was included (Tappin et al., 2005). These important factors should be taken into consideration when analyzing whether or not bed sharing per se is dangerous, and certainly before warning the public against all forms of bed sharing. Thus although, it does seem clear that in certain situations bed sharing is hazardous, a careful review of the relevant research literature shows that whether bed sharing per se is hazardous remains controversial (Alquist et al., 2005).

Carpenter, the first author of the cited large European case-control study of 20 regions published in 2004, does address some of this in a later further analysis of the 2004 study by going back through the records in order to exclude known cases of sharing a sofa or chair from further analysis (he only found three such cases). Further analysis using the revised data

revealed that when the mother did not smoke, bed sharing was a slight, but significant, risk factor for the first 7 weeks (Carpenter 2006). However, whether or not other children are also bed sharing with the infant, is unknown (B. Carpenter, personal communication, Nov. 16, 2006). Additionally, while he did go back through the records and removed obvious cases of sofa and chair sharing from the category "bed sharing", it is possible that the written records do not specifically state that the bed sharing was occurring on a sofa or chair, as originally, in at least some of these regions, bed sharing and sharing a sofa or chair were apparently treated as one category.

Carpenter made some other important findings. He found that if infants sleeping in separate rooms were excluded from the analysis, the risk of bed sharing increased, and remained a significant SIDS risk factor for infants of non smoking mothers for the first 10 weeks of their lives (Carpenter 2006). Additionally, he found that while SIDS risk was reduced by half for infants who had been fully breastfed during the last seven days, his data still indicated that bed sharing was dangerous for young infants, even if they were breastfed. Comparing groups of infants younger than 11 weeks of non smoking mothers, bed sharing breastfed infants had a slightly higher, but non-significant, SIDS risk than non bed sharing bottle fed infants. After 12 weeks, however, the data indicated that the SIDS risk of bottle fed infants who did not bed share was higher than breastfed infants who did bed share (Carpenter 2006). Although on their face, these findings suggest that, at least for younger infants, even if the mother is not a smoker, bed sharing may be hazardous, it is not possible to determine without finding out whether or not these infants were sharing a bed with other children. Thus, further, carefully controlled research is needed.

Whether bed sharing can be recommended as a strategy to help mothers facilitate breastfeeding, is also controversial, both in light of the SIDS risk debate, and because while research consistently has shown that infants who sleep in their parents beds are breastfed more than infants who sleep alone (Ball 2003; Nylander 1999; Blair & Ball 2004; McKenna, Mosko & Richard 1997; McCoy et al., 2004), causation has not been proven (Alquist et al., 2005; AAP 2005b). That is, the possibility that, on average, mothers choosing to bed share are the same mothers who would choose to breastfeed more independent of sleeping arrangement, can not be ruled out (Alquist et al., 2005).

It is unlikely that this question will be answered by large studies measuring breastfeeding rates of groups randomly assigned to routinely bed share and groups randomly assigned to sleep separately, as they do not exist. Ethically and practically, it is very unlikely that such a study would ever be done (Alquist et al., 2005). Current available evidence,

however, indicates, but does not prove, that bed sharing facilitates breastfeeding. A small study done by McKenna and colleagues comparing breastfeeding rates of mother infant dyads who routinely shared a bed and mother infant dyads who did not found that bed sharing promotes breastfeeding. They observed both groups bed sharing and sleeping separately in their sleep lab. Bed sharing increased night time breastfeeding both immediately (increased breastfeeding was observed on the bed sharing night for both the routine bed sharers and the routine solitary sleepers) and over time (routine bed sharers breastfed more than routine solitary sleepers) (McKenna et al., 1997). Also, intuitively, it seems natural that infants and mothers with easier access to one another would breastfeed more. If mothers and babies are separated during the day, increased night feedings could enable mothers to keep their milk supply up, enabling them to continue breast feeding longer (Ball 2003). Infants do not have to wake and cry to get their mother's attention, and the infant and the mother can immediately go back to sleep after a feed, thus sleep is minimally disrupted (Thevenin, 1987).

The prevalence of bed sharing in Norway significantly increased from approximately 5% in the 1980s, to 25-30% after 1996 (Alquist et al., 2005 citing Arnestad et al., 2001). The National Knowledge Centre for Breastfeeding reports that since that time, the rates of bed sharing have continued to increase simultaneously with increasing breastfeeding rates (Alquist et. al., 2005), which would seem to indicate that bed sharing could be used by some as a strategy to help facilitate breastfeeding. Interestingly, the number of SIDS deaths declined during that same time period, despite the fact that bed sharing rates were increasing (Alquist et al., 2005).

Although the issue of whether or not breastfeeding reduces an infants SIDS risk is unresolved (Alquist et al., 2005), in the likely event that bed sharing does increase breastfeeding, bed sharing could still indirectly save or improve lives, as breastfeeding is universally associated with lower rates of morbidity and mortality (McKenna et al., 1997; Chen & Rogan 2004; AAP 2005a), even in developed countries (Wright, Parkinson & Scott, 2005). Research has consistently shown there is a positive relation between infant health and both the initiation and duration of breastfeeding (Chen & Rogan 2004). Breastfeeding is consistently associated with decreases in the incidence and/or severity of many infectious diseases (AAP 2005a). Some research suggests breastfeeding is associated with a reduction in the incidence of both type I and type II diabetes, lymphoma, leukemia, Hodgkin disease, overweight and obesity, hypercholesterolemia, and asthma (AAP 2005a). While other research suggests many long term health benefits are exaggerated due to differences between breastfeeding and non-breastfeeding families (Evenhouse & Reilly 2005), and further research

is needed to establish the exact role of breastfeeding in relation to each of the many possible health benefits, it is at least clear that breastfeeding has a positive influence on an infant's health. Breastfeeding is also linked to increases in cognitive ability (AAP 2005a; Evenhouse & Reilly 2005).

Thus, many experts worldwide agree that "breast is best" and are recommending increased breastfeeding. In 2001, the World Health Organization revised their recommendations, and now recommends exclusive breastfeeding the entire first 6 months of an infant's life, and that thereafter complementary foods be introduced while breastfeeding continues until the child is 2-years-old, or beyond (Kramer & Kakuma 2002). Norwegian health authorities are recommending that infants be exclusively breastfed the first 6 months, and that thereafter complementary foods be gradually introduced one at a time while breastfeeding continues until at least the first birthday (Sosial- og helsedirektoratet 2002). The AAP recommends exclusive breastfeeding the first 6 months, thereafter supplementary foods should be introduced while breastfeeding continues until the infant is at least 1-year-old, and may continue for as long thereafter as mutually desired (AAP 2005a).

Many mothers who initiate breastfeeding and intend to breastfeed in accordance with national recommendations give up breastfeeding early. Over time, night time feedings can wear new parents out and they may look for strategies to cope. One way is to give the infant formula as formula fed infants wake less frequently during the night than breastfed infants, and begin to sleep through the night at a younger age, probably mostly due to "the relative indigestibility of cow's milk" (Ball 2003). An English study investigating why breastfeeding mothers gave up breastfeeding, found that some mothers gave up breastfeeding because over time they became overwhelmed by the frequency with which they had to get up during the night to breastfeed their infants (Ball 2003). And while some mothers give up breastfeeding all together in order to get more sleep (Ball 2003), other mothers use bed sharing as a way to facilitate breastfeeding as it also allows them to get more sleep while still breastfeeding (Blair & Ball 2004; Baddock, Galland, Bolton, Williams & Taylor 2006). Thus, recommendations, like the AAP's advising mothers not to bed share, while at the same time advising them to breastfeed exclusively for the first 6 months, and to continue to breastfeed while introducing complementary foods for the entire first year of their infant's lives and beyond if mutually desirable, would be incomplete for mothers who felt the need to choose.

Whether bed sharing could benefit or harm infants in other ways is also controversial. In western industrialized societies, where independence is highly valued, bed sharing is often frowned upon (Morelli, Rogoff, Oppenheim & Goldsmith 1992). However, research does not

support the widely held belief that solitary sleeping promotes independence. In fact, some research indicates that bed sharing may actually promote independence (Morelli et al., 1992; Hayes, Roberts & Stowe 1996; Javo, Rønning & Heyerdahl 2004). Some other cultures embrace bed sharing as a way to facilitate a close relationship between parents and children (Morelli et al., 1992). However, it appears that this belief has not been scientifically investigated. A recent systematic review of the benefits and harms to children associated with bed sharing found that, to the best of the authors' knowledge, "the association between attachment and bed sharing has not been studied" (Horsley et al., 2007). However, related research suggests that if investigated, a link may be found. Previous research has suggested there is a link between attachment security and breastfeeding (Britton, Britton & Gronwaldt 2006), and bed sharing is consistently associated with increased breastfeeding (Alquist et al., 2005). Baddock and colleagues (2006) found that compared to cot sleeping infants, bed sharing infants experienced more maternal touching and faster and more frequent maternal responses. The close proximity of the bed sharing breastfeeding mother and her infant increases sensory contact between them enabling the mother to quickly respond to the infant's cues, reducing infant night time crying and increasing maternal and infant sleep (McKenna and McDade 2005) Thus, bed sharing would positively impact their relationship.

A Norwegian study recently established that on any given night, 32% of healthy infants under the age of 1 will share a bed with their parents (Stray-Pedersen et al., 2005). The present study will look closer at the prevalence of bed sharing in Norway, especially related to breastfeeding. This study focuses on the relation between bed sharing and whether or not the approximately 6-7-month-old infants are breastfeeding in accordance with the Directorate for Health and Social Affairs current recommendations. Thus the present study will look at whether the infants were exclusively breastfed the first 6 months and investigate the relation between exclusive breastfeeding the first 6 months and bed sharing. The present study will also look at whether the infants who are approximately 6-7 months old are still being breastfed and investigate the relation between current breastfeeding and bed sharing. The present study will also look at usual sleeping arrangements and investigate whether there is a relation between usually bed sharing, room sharing or sleeping alone and breastfeeding.

Although studies consistently have found that bed sharing is generally associated with increased breastfeeding, this has not been investigated in Norway. Previous research shows that reasons for bed sharing and factors related to bed sharing vary from culture to culture, thus it is interesting to look at the relation between bed sharing and breastfeeding in Norway,

a western industrialized society with a high breastfeeding rate and a relatively small gap between the rich and the poor.

Materials and Methods

Participants were recruited from Akershus Universitetssykehus (Akershus University Hospital) between the middle of July 2005 and the end of December 2005, when they were there for a routine ultrasound, which is offered to all pregnant women in Norway during approximately the 18th week of their pregnancy. Akershus University Hospital is located in Akershus, an urban county located right next to Norway's capital, Oslo. It is the hospital where women living in most of Akershus and a part of north and east Oslo deliver their infants (Helse Øst 2004). According to Statistics Norway (Statistisk sentralbyrå), there were 56,756 live births in Norway in 2005 (Statistisk Sentralbyrå 2007c). Akershus University Hospital (Ahus) had 3,893 births in 2005 (Akershus Universitetssykehus 2006). The majority of expectant mothers (98%) undergo a voluntary ultrasound examination during the 18th week of their pregnancy as a routine part of their prenatal care (Fugelsnes 2004).

Norway has a fairly small population, consisting of approximately 4,600,000 inhabitants in 2005, and its population is relatively homogeneous (Statistisk Sentralbyrå 2007a). Table 1 illustrates some of the infant and maternal characteristics of the study population. According to statistics from the Medical Birth Registry of Norway (Medisinske Fødselsregister), compared to all infants born in Norway in 2004, the study population consisted of a slightly higher percentage of boys (54.9% vs. 51.3%), a lower percentage of low birth weight babies (3.1% vs. 5.5%), and a lower percentage of premature babies (4.2% vs. 6.8%) (Folkehelseinstituttet 2007).

In 1998, the Directorate for Health and Social Affairs (Sosial og helsedirektoratet) investigated the eating habits of 6, 12 and 24-month-old infants and toddlers by following 3,000 infants selected by Statistics Norway among all infants born in Norway between April 27 and May 17, 1998 of mothers born in Scandinavia. They found that 99% of the mothers initiated breastfeeding, 80% were still breastfeeding at 6 months and 7% of 6-month-olds were exclusively breastfed (Lande 2003). Looking at the present study population, 96.9% of the mothers initiated breastfeeding, 80% reported their infants were at least partially breastfed at least 6 months, 22.8% exclusively breastfed for 6 months, and 72.9% were still breastfeeding when they filled out the second questionnaire. In 1998, when the Directorate for Health and Social Affairs found that 7% of 6-month-olds were exclusively breastfed, Norwegian mothers were advised to exclusively breastfeed their infants for the first 4-6 months. However, in 2001, the recommendations were changed, and today Norwegian mothers are told to exclusively

breastfeed their infants for the first 6 months of their lives (Lande 2003). This could explain why the percentage of exclusively breastfed 6-month-olds was so much larger in the present study population from 2005 compared to the nationwide sample from 1998 (22.8% in 2005 vs. 7% in 1998).

Looking at maternal characteristics, compared to statistics from the Medical Birth Registry of Norway from 2004, the present study population consisted of a slightly lower percentage of first time mothers (38.5% vs. 41.3%), and a lower percentage of young mothers (1.6% of the study population were 21 or younger compared to 2% of all Norwegian mothers in 2004 being 19 or younger. Looking at relatively young mothers, 8.3% of the current study population was 24 or younger compared to 16.4% of all Norwegian mothers in 2004). This study had a smaller percentage of single mothers (1.6% vs. 5.7%), and fewer smokers (13.6% vs. 17.8%, however, looking at Akershus county alone, 13.6% of all Norwegian mothers reported smoking while pregnant in 2004) (Folkehelseinstituttet 2007). For the present study, mothers who reported smoking either at the time of the first questionnaire (while pregnant) or at the time of the second questionnaire (when their infants were approximately 6-7 months old) were considered to be "smokers".

According to Statistics Norway, the average age of women giving birth and the level of education of women in Norway is somewhat higher in Akershus and Oslo compared to the rest of Norway. The average age of mothers giving birth in Norway in 2005 was 30.2, while in Akershus it was 31.3 and in Oslo it was 31.2 (Statistisk Sentralbyrå 2007b). The average age of the mothers in the present study was 30.4.

Regarding maternal education, there were no statistics available specifically for mothers in Norway, but looking at highest level of fulfilled education for all women in Norway age 16 or older in 2005, 3.8% had fulfilled more than 4 years of higher education, compared to 5.3% in Akershus and 10.1% in Oslo. 21.9% of the mothers in the present study reported that they had fulfilled more than 4 years of higher education. According to Statistics Norway, up to 4 years of higher education was the highest level of fulfilled education for 22.1% of women age 16 or older in Norway, compared to 24.6% in Akershus and 29.5% in Oslo. 40.6% of the mothers in the present study reported their highest level of fulfilled education was up to 4 years of higher education. A high school education was the highest level of fulfilled education for 39.5% of women age 16 or older in Norway, compared to 40% in Akershus and 35.1% in Oslo. 31.8% of the mothers in the present study reported that high school was their highest level of fulfilled education. A junior high school education was the highest level of fulfilled education for 34.6% of women age 16 or older in Norway, compared to 30% in Akershus and 25.4% in

Oslo (Statistisk Sentralbyrå 2007d). 5.7% of the mothers in the present study reported their highest level of fulfilled education was junior high school.

According to Statistics Norway, there are also a higher percentage of foreign citizens and citizens with immigrant background in Akershus and Oslo than in the general population. In 2004, 7.6% of the total population were immigrants (immigrant being defined as first generation immigrants without Norwegian background or second generation immigrants born to two non-Norwegian parents), compared to 8.7% in Akershus and 21.8% in Oslo. In 2006 4.8% of the total population were foreign citizens, compared to 5.7% in Akershus and 10.3% in Oslo (Statistisk Sentralbyrå 2006). 6.8% of the mothers in the present study were not born in Norway. 6.2% of the mothers in the current sample reported that their mother tongue was not Norwegian.

With the exception of a few days in November, questionnaires were made available from the middle of July 2005 to the end of December 2005 to all expectant mothers appearing at Akershus University Hospital for their 18 week routine ultrasound. Packets containing a letter with an information sheet, questionnaire (see Appendix A), letter of consent form and pre-paid return envelopes, were placed in a box next to the receptionist's window where potential participants presented to check in for their ultrasound. Over the box there was a sign inviting expectant mothers over the age of 18 appearing for their routine ultrasound to participate in the study, and to take a packet if interested. Mothers under the age of 18 were not invited to participate, however, this will have very little or no impact on the data, as there are very few mothers under the age of 18 in Norway. According The Medical Birth Registry of Norway (medisinsk fødselsregister), only .3% of mothers in Norway were younger than 18 in 2004, and in Oslo and Akershus counties, where mothers were recruited from, only .1% were younger than 18 (Folkehelseinstituttet 2007) . Although it is possible that some potential participants did not notice the questionnaires, the receptionists generally informed all potential participants that the packets were there and that they could take one if interested.

The letter in the packet given to potential participants informed them generally about the study and invited them to participate. Potential participants were asked to read and sign a letter of consent if they were willing to participate, and to return the letter of consent and questionnaire in the provided pre-paid return envelope. They were informed that in approximately one year they would be sent a follow-up questionnaire. 245 expectant mothers completed and returned this first questionnaire and were sent a second letter together with the second questionnaire (see Appendix B) approximately 1 year after completing the first questionnaire. 193 mothers completed and returned both questionnaires. The mothers were

informed that a summary of the results of the study would be sent via e-mail to interested participants who provided their e-mail addresses for this purpose. They were also informed that their e-mail addresses would be deleted as soon as the results were sent.

The questionnaires used were specifically made for this study. Other studies and inventories were consulted for ideas, and the question format from the Sleep Habits Inventory used in Hayes et al. (1996) study was borrowed for some of the questions. The questionnaires are relatively long, the first one is 10 pages long and the second one is 12 pages long, however, pilot testing revealed that each one only takes approximately 10 – 20 minutes to complete. Participants were initially asked to provide some background information about themselves, and to answer questions about where they planned on having their baby sleep, about their attitudes towards various sleeping arrangements, about perceived attitudes of others, their reasons for their decisions regarding where their babies would sleep, and about past experiences related to sleeping arrangements and breastfeeding. They were also asked whether or not they planned on breastfeeding their babies. For purposes of sending the follow-up questionnaire, participants were also asked to provide their name and address. They were informed that this information would only be used for the purpose of sending future questionnaires. Names and addresses were removed from returned questionnaires, and the questionnaires were assigned numbers in order to be able to connect a participant's initial answers to their later answers without being able to see who answered the questionnaires.

The follow-up questionnaire was very similar to the first questionnaire. In addition to repeating many of the previously asked questions, participants were asked some additional background information, and were asked to answer questions about where their babies actually were sleeping, whether or not they were breastfeeding their babies and whether or not they were satisfied with the sleeping arrangements. There were not any mothers of twins, triplets or other multiples participating in the study.

The second questionnaire was sent to the participating mothers approximately one year after the first one was received by the present author. At the time the participating mothers received the second questionnaire, the infants ranged in age from 5-months-old (8/193) to 11-months-old (1/193). However, the majority (164/193) were 6-7-months-old. The mean estimated infant age was 6.52-months-old. However, this age estimate is a little young since the mothers could answer the questionnaires later and the infant age estimate is based on the number of full months old the infant was on the day the mother received the second questionnaire. Thus an infant who would be 6-months-old a day after its mother received the questionnaire would be considered to be 5-months-old. Looking at the latest possible date the

questionnaires were received by the present author, which ranged from possibly one day to possibly one month after the participating mothers sent them, the infants ranged in age from 5-months-old (3/193) to 12-months-old (1/193). The majority (135/193) were 6-7-months-old. The mean estimated infant age was 7.21-months-old.

In order to look at current bed sharing and breastfeeding, mothers were asked whether their infants spent part or all of their last night sleep in the same bed as anyone else. Mothers were also asked whether or not they were still breastfeeding. Thus, for these questions there would be no recall bias. Additionally, mothers were asked where their infants currently usually slept. They were also asked to remember whether or not they had shared a bed with their infants during the last week. Participating mothers were also asked how long they had exclusively breastfed their infants. For the questions concerning early bed sharing, the mothers were asked to estimate how many times, for part of or the entire night, per week they had shared a bed with their infants during the first month. They could answer 0 times, 1-2 times, 3-5 times or more than 5 times. For this question, the majority of the mothers had to remember 6-7 months back in time.

This project was submitted to Regional Komité for medisinsk forskningsetikk (REK) (The National Committees for Research Ethics in Norway) and to Norsk samfunnsvitenskapelig datatjeneste AS, Personvernombudet for forskning (NSD) (The Norwegian Social Science Data Services, Research and the Protection of Privacy) for consideration and was approved.

Data were analysed by descriptive statistics with frequency and crosstab calculations using SPSS 12.0.1. χ^2 tests were used to test for differences in proportions. Fisher's exact test was used when any cell of a 2 X 2 test had an expected value of less than 5. All tests were two-tailed using a 5% degree of significance.

Results

Table 1 simply illustrates the infant and maternal characteristics of the study population. The percentages of the infant and maternal characteristics were generally compared to the general population in the methods and materials section, but no statistical analysis comparing the two has been attempted.

Looking at breastfeeding, 99.5% (192/193) of the responding mothers planned to initiate breastfeeding and the overwhelming majority, 96.9% (186/192) actually did initiate breastfeeding. 62.9% (112/178) of the responding mothers who planned to breastfeed and answered the question about how long they intended to exclusively breastfeed their infants reported that they intended to exclusively breastfeed for 6 months or longer. However,

considerably less, 22.8% (44/193) actually did exclusively breastfed their infants the first 6 months. 90.6% (163/180) of the responding mothers who planned to breastfeed and answered the question about how long they intended to breastfeed their infants reported that they planned to breastfeed for at least the first 8 months, 92.8% (157/180) planned to breastfeed for at least the first 7 months and 98.3% (177/180) planned to do so for at least the first 6 months. However, only 72.9% (140/192) of the responding mothers reported they were still breastfeeding their infants when they completed the second questionnaire, when their infants were approximately 6-7 months old.

The majority of the responding mothers, 72.3% (138/191), expected their infant would ever sleep with them in their bed during the first 6 months. 91.2% (176/193) actually did report at least one incidence of bed sharing occurring during the study period.

Table 1 Characteristics of infants and mothers

	n/N*	%
Infant characteristics		
Sex (boys)	106/193	54.9%
Birth weight < 2.5 kg	6/193	3.1%
Gestation < 37 weeks	8/191	4.2%
Exclusively bf ≥ 6 months**	44/193	22.8%
Still breastfeeding	140/192	72.9%
Maternal characteristics		
Previous children (yes)	118/192	61.5%
Age ≤ 24 years	16/192	8.3%
Civil status single	3/193	1.6%
Smoker	26/191	13.6%
Born in Norway	179/192	93.2%
Education		
≤ high school	71/192	37.0%
> hs & ≤ 4 years higher ed.	78/192	40.6%
> 4 years higher ed.	43/192	22.4%
Expected any bed sharing first 6 months	138/191	72.3%
Allowed to bed share as a child	132/187	70.6%

*Unknowns excluded
**There were 8 infants who could have been younger than 6-months-old when their mothers answered the second questionnaire, however, none of them were still being exclusively breastfed.

Table 2 shows that 40.3% of the responding mothers reported that their infants shared a bed with them or them and another adult for all or part of the night at least once during the last week. 15.7% of the responding mothers reported that their infants shared a bed with them or them and another adult for all or part of the night five or more times during the last week.

Nearly a quarter, 23.4%, of the responding mothers, reported that their infant shared a bed with someone else last night. 69.5% of the responding mothers reported that on average, their infants shared a bed with them or them and another adult all or part of the night at least once a week during the first month of the infant's life. 21.4% of the responding mothers reported that on average, their infants shared a bed with them or them and another adult for all or part of the night at least five times a week during the first month of the infant's life. 69.8% of the responding mothers answered yes to the question "has your infant ever slept in the same bed as anyone else", however, when all of the questions about bed sharing were combined, 91.2% of the responding mothers had reported any incidence of bed sharing. 9% of the responding mothers reported that their infants spent most of their sleep time bed sharing. Only 2.1% reported that their infants were usually bed sharing when put to bed.

Table 2 Prevalence of Infant Bed Sharing

	n/N*	Prevalence
Bed shared during previous week**		
Once or twice	36/191	18.8%
Three to five times	11/191	5.8%
More than five times	30/191	15.7%
In total	77/191	40.3%
Bed shared* last night**	45/192	23.4%
Bed shared during first month** (average per week):		
Once or twice	40/187	21.4%
Three to five times	31/187	16.6%
More than five times	59/187	31.6%
In total	130/187	69.5%
Ever bed shared with anyone	134/192	69.8%
Any reported incidence of bed sharing***	176/193	91.2%
Usually**** bed shares**	17/188	9.0%
Usually starts night sleep bed sharing	4/190	2.1%

* Unknowns are excluded
** Only bed sharing between infant and mother (or mother and another adult) included
*** Bed sharing between infant and anyone else last night
**** Average number of times per week mother (or mother and another adult) shared a bed with her infant during the first month
***** Based on answers to all of the bed sharing questions
****** Most of the infant's night sleep occurred during bed sharing

Looking at where the responding mothers planned on having their infants sleep when they came home from the hospital and where the infants actually were usually sleeping when they were approximately 6-7 months old, very few, 1.6% (3/189) planned on having their infants spend most of their sleep time bed sharing when they came home from the hospital. 9% (17/188) of the infants were spending most of their sleep time bed sharing when they were approximately 6-7 months old. 14.8% (28/189) of the responding mothers planned on having their infants spend most of their sleep time in their own separate room in their own beds when they came home from the hospital. When the infants were approximately 6-7 months old, 45.7% (86/188) were usually sleeping in their own separate room in their own bed. The majority of the mothers, 83.6% (158/189) planned on having their newborns usually sleep in their (the mothers) rooms, in a separate bed when they came home from the hospital. When the infants were approximately 6-7 months old, 44.6% (84/188) were usually sleeping in their own beds in their mothers rooms. There was also 1 infant who was usually sleeping in a baby carriage or baby chair.

Table 3 shows how likely it is that the characteristics listed in table 1 are related to whether or not the responding mothers reported that their infant shared a bed with someone else *during part or all of last night*. Looking at infant characteristics, infant sex was not related to last night bed sharing. Low weight and premature infants were not more likely to bed share last night. Although infants who were exclusively breastfed for the first 6 months of their lives were somewhat more likely to have shared a bed with someone else for all or part of last night than infants who were not exclusively breastfed for the first 6 months, this tendency was not significant. Last night bed sharing was significantly and strongly related to current breastfeeding. The relation between current breastfeeding and current bed sharing was even stronger if only frequent current bed sharers were considered (χ^2 = 15.474 (1 df) p = .001). Infants who spent most of their night sleep bed sharing, or who usually started their night sleep bed sharing or who bed shared during part or the entire night five or more times during the last week were defined as frequent current bed sharers. Interestingly, of the 34 mothers reporting the most frequent current bed sharing, all of them were still breastfeeding.

Looking at maternal characteristics, mothers who already had children were significantly more likely to report that their infant had shared a bed with someone else last night than first time mothers. The strength of this relation was stronger for frequent current bed sharers (χ^2 = 5.745 (1 df) p = .017). There were too few very young mothers to determine whether very young maternal age was related to infant bed sharing, but relatively young maternal age (age 24 or younger) was not significantly related to last night bed sharing. There

were too few single mothers to determine whether there was a relation between single civil status and last night bed sharing. However, comparing married mothers to cohabitating mothers, there was no significant relation between maternal civil status and last night bed sharing (excluding the 3 single mothers from the analysis, χ^2 = 1.544 (1 df), p = .214). Maternal smoking, defined as any smoking during pregnancy or currently, was not significantly related to last night bed sharing. Whether the mother was born in Norway and her amount of education were not significantly related to last night bed sharing. Mothers who while pregnant anticipated any bed sharing during their infant's first 6 months were much more likely to report their infant shared a bed with someone else for all or part of last night. This strong and significant relation was still present for frequent current bed sharers (χ^2 = 9.976 (1 df) p = .002), but interestingly, not quite as strong. Mothers who reported they had been allowed to bed share as a child were significantly more likely to report that their infant shared a bed with someone else all or part of last night. However, if only frequent current bed sharers were considered, this association lost its statistical significance (χ^2 = 1.346 (1 df) p = .246).

Table 3 Relation between last night bed sharing* and characteristics

	Bed shared**		**No bed sharing**			
	n/N	%	n/N	%	χ^2	p
Infant characteristics						
Sex (boys)	25/45	55.6%	81/147	55.1%	00.003 (1df)	.957
Birth weight < 2.5 kg	1/45	2.2%	5/147	3.4%	-	1.000***
Gestation < 37 weeks	1/43	2.3%	7/147	4.8%	-	.685***
Exclusively bf ≥ 6 months	12/45	26.7%	31/147	21.1%	00.617 (1df)	.432
Still breast feeding	42/45	93.3%	97/146	66.4%	12.558 (1df)	.001
Maternal characteristics						
Previous children (yes)	34/45	75.6%	84/146	57.5%	04.731 (1df)	.030
Age ≤ 24 years	6/44	13.6%	9/147	6.1%	-	.116***
Civil status (single)	2/45	4.4%	1/147	0.7%	-	.138***
Smoker	6/45	13.3%	20/145	13.8%	00.006 (1df)	.938
Born in Norway	44/45	97.8%	134/146	91.8%	-	.307***
Education					01.643 (2df)	.440
≤ high school	15/45	33.3%	56/146	38.4%		
> hs & ≤ 4 years higher ed.	22/45	48.9%	56/146	38.4%		
> 4 years higher ed.	8/45	17.8%	34/146	23.3%		
Expected any bed sharing first 6 months	42/45	93.3%	96/145	66.2%	12.713 (1df)	.001
Allowed to bed share as a child	37/43	86.0%	94/143	65.7%	06.549 (1df)	.010

*Unknowns excluded
**Infant shared a bed with someone else during part or all of last night
***Fisher's exact test

Table 4 shows how likely it is that the characteristics listed in table 1 are related to whether or not the responding mothers reported their infants had shared a bed with them at least one time during part of or the entire night *during the last week*. Like last night bed sharing with someone else, last week bed sharing with mom was not significantly related to

infant sex, low birth weight or pre-term infants. And again, although infants who were exclusively breastfed for the first 6 months of their lives were more likely to have shared a bed with their mothers during the last week than infants who were not exclusively breastfed for the first 6 months, this tendency was not significant. However, infants who were exclusively breastfed for at least the first 4 months of their lives were significantly more likely to have shared a bed with their mothers during the last week than infants who had not been exclusively breastfed at least 4 months (χ^2 = 7.429 (1 df) p = .006). There was also a strong and significant relation between last week bed sharing and current breastfeeding.

Table 4 Relation between bed sharing last week* and characteristics

	Bed shared**		**No bed sharing**			
	n/N	%	n/N	%	χ^2	p
Infant characteristics						
Sex (boys)	42/77	54.5%	64/114	56.1%	00.047 (1df)	.828
Birth weight < 2.5 kg	3/77	3.9%	3/114	2.6%	-	.687***
Gestation < 37 weeks	4/75	5.3%	4/114	3.5%	-	.715***
Exclusively bf ≥ 6 months	20/77	26.0%	24/114	21.1%	00.628 (1df)	.428
Still breast feeding	67/77	87.0%	71/113	62.8%	13.471 (1df)	.001
Maternal characteristics						
Previous children (yes)	50/77	64.9%	67/113	59.3%	00.616 (1df)	.432
Age < 24 years	8/76	10.5%	8/114	7.0%	00.728 (1df)	.431
Marital status (single)	3/77	3.9%	0/114	0%	-	.062***
Smoker	10/77	13.0%	16/113	14.2%	00.053 (1df)	.817
Born in Norway	70/76	92.1%	107/114	93.9%	00.220 (1df)	.639
Education					00.420 (2df)	.810
≤ high school	29/76	38.2%	42/114	36.8%		
> hs & ≤ 4 years higher ed.	32/76	42.1%	45/114	39.5%		
> 4 years higher ed.	15/76	19.7%	27/114	23.7%		
Expected any bed sharing first 6 months	66/76	86.8%	70/113	61.9%	13.956 (1df)	.001
Allowed to bed share as a child	59/72	81.9%	71/113	62.8%	07.690 (1df)	.006

*Unknowns excluded
**Infant shared a bed with its mother at least once during part of or the entire night during the last week
***Fisher's exact test

Looking at maternal characteristics, mothers who already had children were not significantly more likely than first time mothers to report that their infant had shared a bed with them last week. There were too few very young mothers to determine whether very young maternal age was related to infant bed sharing, but relatively young maternal age (age 24 or younger) was not significantly related to last week bed sharing. There were too few single mothers to determine whether there was a relation between single civil status and last week bed sharing. However, comparing married mothers to cohabitating mothers, there was no significant relation between maternal civil status and last week bed sharing (excluding the 3 single mothers from the analysis, χ^2 = .543 (1 df), p = .461). Maternal smoking was not significantly related to last week bed sharing. Whether the mother was born in Norway, and

her amount of education, were not significantly related to last week bed sharing. There was a strong and significant relation between bed sharing last week and mothers reporting during pregnancy that they anticipated any bed sharing during their infant's first 6 months. Mothers who had been allowed to bed share as a child were significantly more likely to report sharing a bed with their infant last week.

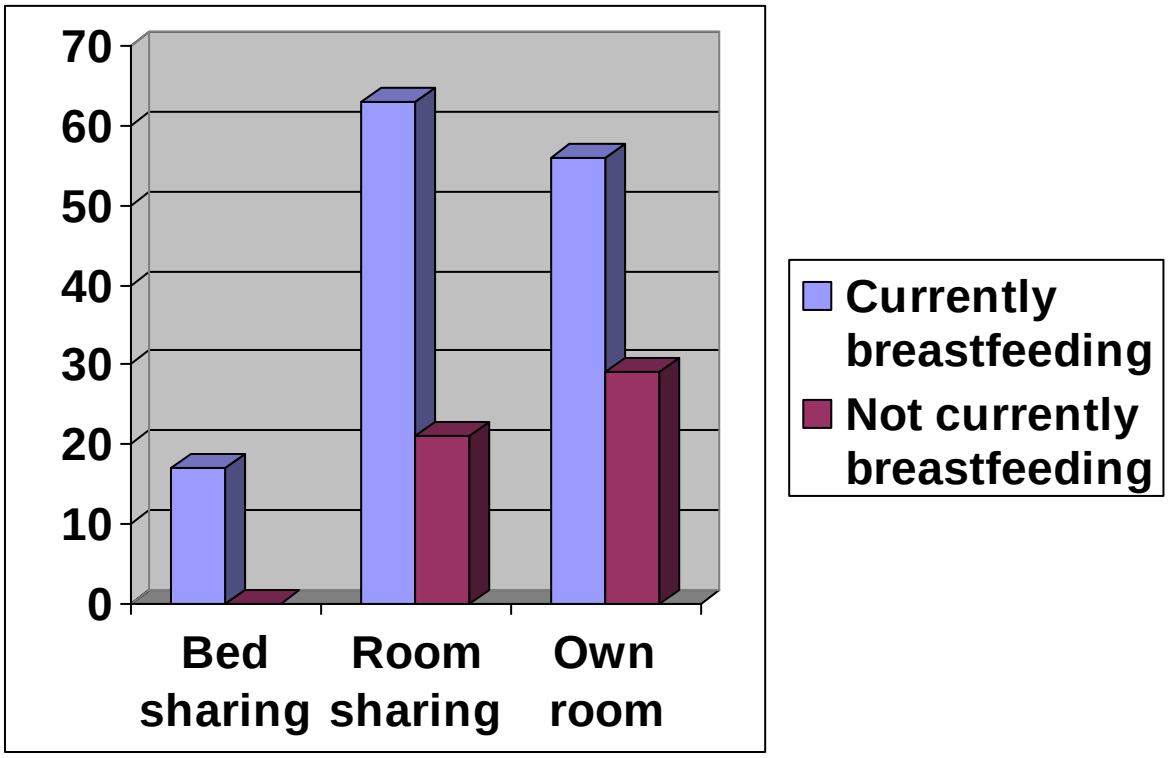

Fig. 1: Current usual sleeping arrangement and whether still breastfeeding

Figure 1 illustrates the relation between current breastfeeding and usual sleeping arrangement. It shows that all of the 17 infants who usually bed shared were currently breastfed (100%), compared to 65.9% (56/85) of the infants who usually slept in their own room (solitary sleepers) and 75% (63/84) of the infants who usually slept in their own beds in their mothers' rooms (room sharers). Using a chi-square test to investigate the relation between usual sleeping arrangements and breastfeeding shows that there is a significant relation between current usual sleeping arrangements and whether currently breastfeeding (χ^2 = 8.666 with 1 cell (16.7%), having an expected count less than 5 (2 df) p = .013). Excluding the 17 usual bed sharers from the analysis reveals that although infants sharing a room with their mothers were more likely to be still breastfed than infants sleeping in their own room, this relation was not significant (χ^2 = 1.686 (1 df) p = .194). Infants who usually bed shared, however, were significantly more likely than both solitary sleepers (excluding the 84 room sharers from the analysis, χ^2 = 8.104 (with 1 cell (25%) having an expected count less than 5)

(1 df), using fisher's exact test, p = .003) and room sharers (excluding the 85 solitary sleepers from the analysis, χ^2 = 5.366 (with 1 cell (25%) having an expected count less than 5) (1 df), using fisher's exact test, p = .020) to be still breastfeeding. Thus, a statistically significant relation between current usual sleeping arrangements and currently breastfeeding is specific to bed sharing. The relation is strongest when bed sharers are compared to solitary sleepers.

Table 5 shows how likely it is that the characteristics listed in table 1 were related to whether or not the responding mothers estimated that their infant shared a bed with them for all or part of the night at least once a week *during the first month* of their infant's life. Looking at infant characteristics, infant sex approaches statistical significance (p = .075). Maleness was marginally associated with early bed sharing, but this association was not statistically significant. Low weight and premature infants were not more likely to have a history of early bed sharing. Infants who were exclusively breastfed for the first 6 months of their lives were significantly more likely to have a history of early bed sharing than infants who were not exclusively breastfed for 6 months. Mothers who reported sharing a bed with their infants for all or part of the night at least once a week during the first month of their infant's life were more likely to still be breastfeeding than mothers reporting no early history of bed sharing. This trend, however, was not significant.

Table 5 Relation between early bed sharing* and characteristics

	Bed shared**		**No bed sharing**			
	n/N	%	n/N	%	χ^2	p
Infant characteristics						
Sex (boys)	77/131	58.8%	25/56	44.6%	03.162 (1df)	.075
Birth weight < 2.5 kg	3/131	2.3%	2/56	3.6%	-	.637***
Gestation < 37 weeks	5/129	3.9%	2/56	3.6%	-	1.000***
Exclusively bf ≥ 6 months	35/131	26.7%	7/56	12.5%	04.553 (1df)	.033
Still breast feeding	97/131	74.0%	38/55	69.1%	00.478 (1df)	.489
Maternal characteristics						
Previous children (yes)	84/130	64.6%	29/56	51.8%	02.702 (1df)	.100
Age ≤ 24 years	11/131	8.4%	5/55	9.1%	-	1.000***
Civil status (single)	2/131	1.5%	1/56	1.8%	-	1.000***
Smoker	17/131	13.0%	9/55	16.4%	00.369 (1df)	.543
Born in Norway	120/131	91.6%	54/56	96.4%	01.412 (1df)	.235
Education					01.612 (2df)	.447
≤ high school	50/130	38.5%	19/56	33.9%		
> hs & ≤ 4 years higher ed.	50/130	38.5%	27/56	48.2%		
> 4 years higher ed.	30/130	23.1%	10/56	17.9%		
Expected any bed sharing first 6 months	102/129	79.1%	33/56	58.9%	08.032 (1df)	.005
Allowed to bed share as a child	97/126	77.0%	30/55	54.5%	09.209 (1df)	.002

*Unknowns excluded
**Reported mother/infant bed sharing estimated at least once a week during the first month of the infant's life
***Fisher's exact test

Looking at maternal characteristics, mothers who already had children were more likely to report early bed sharing compared to first time mothers. This relation was not statistically significant (P = .10), but could be considered marginally significant. There were too few very young mothers to determine whether very young maternal age was related to early bed sharing, but relatively young maternal age (age 24 or younger) was not significantly related to early bed sharing. There were too few single mothers to determine whether there was a relation between single civil status and early bed sharing. However, comparing married mothers to cohabitating mothers, there was no significant relation between maternal civil status and early bed sharing (excluding the 3 single mothers from the analysis, χ^2 = .128 (1 df), p = .720). Maternal smoking was not significantly associated with early bed sharing. Whether the mother was born in Norway and her amount of education were not significantly related to early bed sharing. Mothers who while pregnant had anticipated any bed sharing during their infant's first 6 months were significantly more likely to report early bed sharing, as were mothers who reported they had been allowed to bed share as a child.

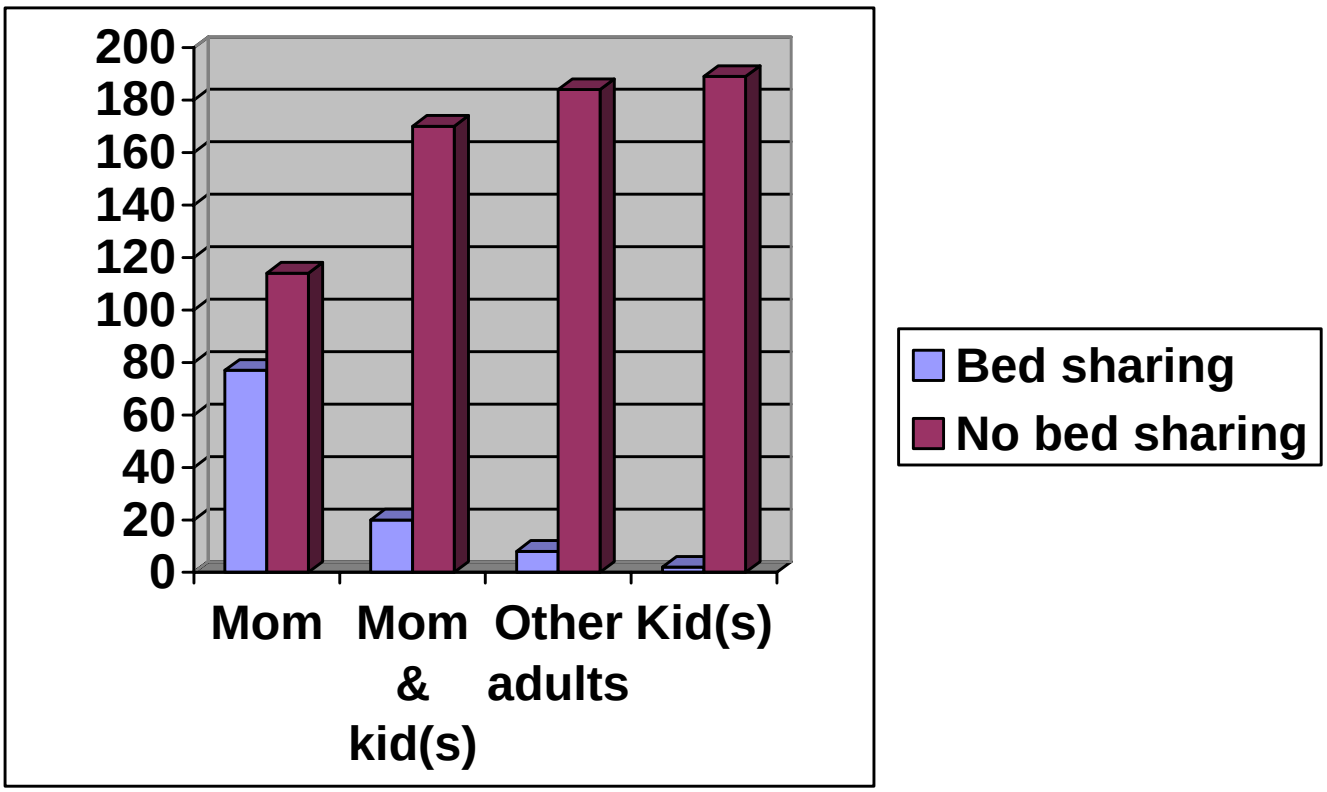

Fig. 2 Types of bed sharing occurring at least once per responding mother at least 1 time during the last week

Figure 2 illustrates the number of responding mothers reporting practicing various types of bed sharing at least once *during the last week*. It shows that most of the bed sharing occurring during the last week was between the infant and mother, or the infant and the mother and another adult. 40.3% (77/191) of the responding mothers reported this type of bed sharing. 10.5% (20/190) of the responding mothers reported that they shared a bed with their infant and one or more other children at least once during the last week. 4.2% (8/192) reported that their infants had shared a bed with one or more other adults, without their presence, at least once during the last week. 1% (2/191) reported that their infant shared a bed with one or more other children, without the presence of any adults, at least once during the last week.

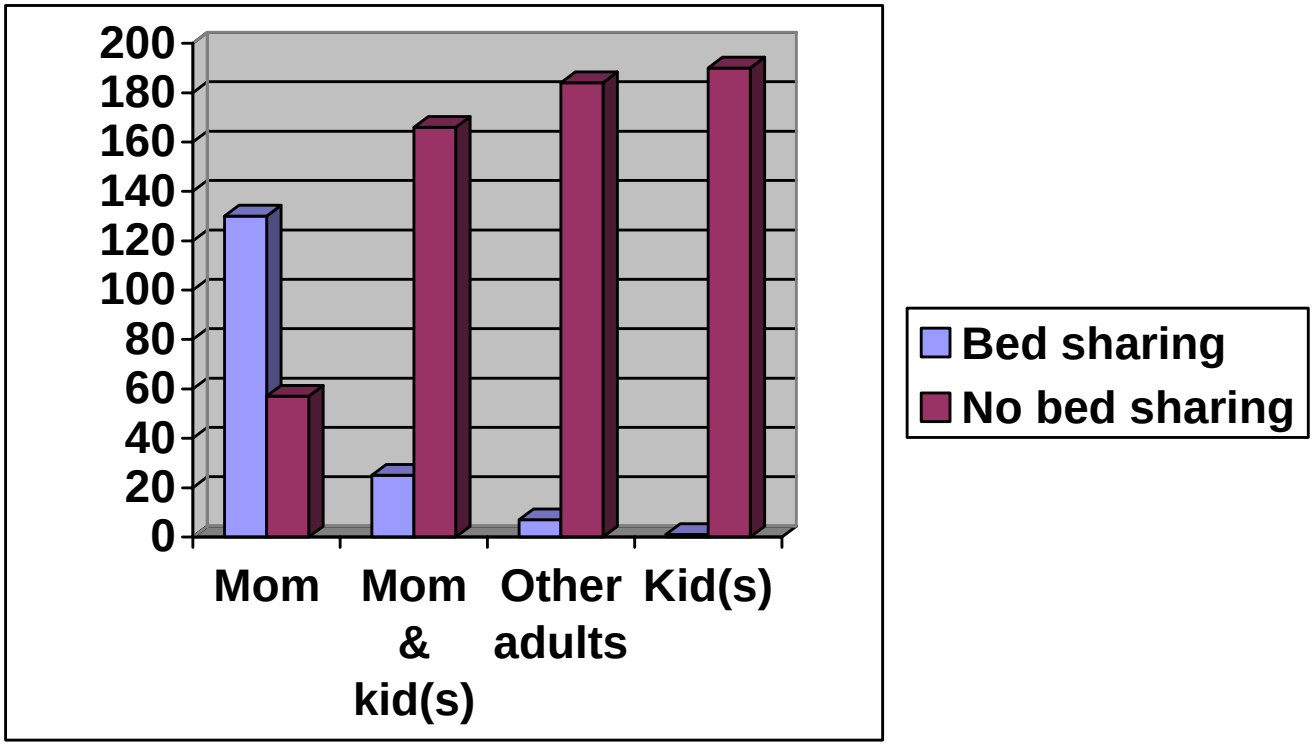

Fig. 3 Types of bed sharing occurring at least once per responding mother an average of at least 1 time per week during the first month

Figure 3 illustrates the number of responding mothers reporting practicing various types of bed sharing an average of at least once a week *during the first month* of their infants' lives. Most of the bed sharing occurring during the first month was between the infant and mother, or the infant and the mother and another adult. 69.5% (130/187) of the responding mothers reported this type of bed sharing. 13.1% (25/191) of the responding mothers reported that they shared a bed with their infant and one or more other children an average of at least once a week during the first month. 3.7% (7/191) reported that their infants had shared a bed with one or more other adults, without their presence, an average of at least once a week during

the first month. 0.5% (1/191) reported that their infant shared a bed with one or more other children, without the presence of any adults, an average of at least once a week during the first month.

Discussion

Previous research has shown that bed sharing is fairly common in Norway (Stray-Pedersen et al., 2005; Arnestad et al., 2001) and the present results confirm this. Nearly a quarter (23.4%) of the mothers in the present study reported their infants had spent at least part of their last night sleep sharing a bed with someone else. Although the current study found bed sharing was widespread, it was considerably less than the 32% found by Stray-Pedersen and colleagues in their study (Stray-Pedersen et. al., 2005). This could be due to the differences in the ages of the infants studied. Stray-Pedersen and colleagues' data were obtained from 244 healthy control infants under the age of 1-year-old who had shared a bed with their parents the night before the study. The control infants were matched to SIDS infants, thus most of them would be under 6-months-old, while the infants in the present study were approximately 6-7-months old. Looking at infants under the age of 6 months, generally, bed sharing prevalence increases with decreasing infant age (Rigda, McMillen & Buckley 2000; Blair & Ball 2004; Willinger et al., 2003). The present results also reflect this finding, whereas 40.3% of the responding mothers reported sharing a bed with their infants at least once during the last week, 69.5% reported they had shared a bed with their infants an average of at least once a week during the first month of their infants' lives. This comparison, however, should be interpreted with caution, as the mothers had to remember several months back in time. Additionally, the number of times last week is compared to an average number of times per week during the first month.

The current study found fewer infants usually bed sharing than what was found in a 2000 survey from the US of night-time caregivers of infants born within 7 months. 9% of the present responding mothers reported their infants usually bed shared, compared to 12.8% of the US infants usually sleeping on an adult bed (Willinger et al., 2003). Part of the difference could be due to comparing "usually bed sharing", from the present sample to "usually sleeping on an adult bed" from the US study. However, more than 90% of those infants shared the adult bed with their parents (Willinger et al., 2003). The median infant age of their sample was 134 days, and part of the difference is probably also due to the generally younger age of the US infants compared to the present infants, as research indicates that bed sharing occurs more often when infants are younger (Willinger et. al., 2003; Blair & Ball 2004).

However, it still seems somewhat surprising that the prevalence of usual bed sharing in Norway was not higher considering the US rate, given the strong relation between breastfeeding and bed sharing, and in light of the fact that breastfeeding rates are much higher in Norway than the US (Alquist et. al., 2005). Another possible explanation is a difference in the social conditions of the two populations. While Willinger and colleagues found that bed sharing was related to deprived social conditions (Willinger et. al., 2003), using education as a measure of social conditions, the current study did not find this relation. In some populations, adverse social conditions causes "forced" bed sharing due to overcrowding or lack of a separate bed (McKenna & McDade 2005). However, in other populations, bed sharing is not strongly related to socioeconomic status, but is strongly related to breastfeeding (Blair & Ball 2004), indicating there can be very different reasons for bed sharing, and that whether or not it is related to deprived social conditions and/or breastfeeding will vary from population to population (McKenna 2000). Compared to the US, Norway has a higher rate of breastfeeding and smaller gap between the rich and the poor, making bed sharing due to deprived conditions less likely and bed sharing due to breastfeeding more likely. The current findings that bed sharing was strongly related to breastfeeding, but not to level of education, reflect this.

The current finding, that significantly more breastfeeding mothers share a bed with their infants than mothers who do not breastfeed, was in line with previous research indicating bed sharing promotes breastfeeding (Ball 2003; Nylander 1999; McKenna et al., 1997; Blair & Ball 2004). Although causation has not been proven, the present result, that current bed sharing, but not early bed sharing, is significantly related to current breastfeeding, indicates that it is the bed sharing that promotes breastfeeding. Although mothers who practiced bed sharing early on were slightly more likely to be currently breastfeeding than mothers who did report early bed sharing, the significant relation is dependent on the mother's present breastfeeding and current bed sharing behaviours, not on whether or not she bed shared in the past. Having said this, the reliability of the early bed sharing data is uncertain, as it is based on the accuracy of reported bed sharing occurring several months ago.

All 34 of the mothers in the current study reporting frequent current bed sharing were still breastfeeding. This is in line with previous research showing that infants who bed share frequently are breastfed significantly longer than other infants (Vogel, Hutchison & Mitchell 1999). The current finding that the strong and significant relation between recent bed sharing and current breastfeeding is even stronger when only frequent current bed sharers are considered, lends further support to the assertion that bed sharing promotes breastfeeding.

Current bed sharing seems to promote breastfeeding longer, in accordance with current recommendations.

The current study found that early bed sharing was significantly related to exclusive breastfeeding for 6 months, but not to current breastfeeding. This also indicates that bed sharing promotes breastfeeding, as a significant relation appears to be time dependent. Previous research has found that bed sharing increases both the number and duration of night time feedings (McKenna et al., 1997). Thus early bed sharing could enable mothers to produce enough milk to satisfy their infants with just breast milk for the first 6 months. Some mothers introduce food early due to lack of milk (Ball 2003). Early bed sharers may also be bed sharing as a strategy to get more sleep (Blair & Ball 2004). Mothers who do not bed share during the first month, on the other hand, may be introducing infant formula earlier as a strategy to get more sleep. Formula fed infants wake less frequently during the night than breastfed infants, and begin to sleep through the night at a younger age, probably mostly due to "the relative indigestibility of cow's milk" (Ball 2003). Indeed "the frequency with which breastfeeding mothers have to wake and get up to feed their infants is a cited reason for giving up breastfeeding" (Ball 2003). Lactation professionals and experienced breastfeeding mothers know that minimizing the disruption of a mother's sleep due to night time breast feeding is vital to the survival of the breastfeeding relationship over time (Ball 2003). Thus, the present author surmises that the early bed sharers are able to exclusively breastfeed longer because they have more milk due to their increased night feedings and minimally disrupted sleep due to the close proximity of the mother and infant. It seems that early bed sharing promotes exclusive breastfeeding the first 6 months in accordance with current recommendations.

Currently in Norway, mothers are advised that if possible they should breastfeed because it helps reduce the risk of SIDS. Further, they are advised that their infants should sleep in their own beds in the parents' room, and that bed sharing increases the risk for SIDS (Landsforeningen til støtte ved krybbedød i samarbeid med Sosial- og helsedirektoratet 2005). But this advice to breastfeed and not to bed share is incomplete, as not all mothers may be able to breastfeed without bed sharing, and no advice is given in the event any of them feel the need to choose between bed sharing and breastfeeding. Additionally, the lack of advice about how to bed share as safely as possible could contribute to dangerous situations for mothers trying to follow the advice since breastfeeding naturally makes both the baby and the mother drowsy (Ball 2003), and, trying to breastfeed while trying not to bed share could

ironically contribute to clearly hazardous sleeping arrangements, if, for example, the mother wakes up in the middle of the night to breastfeed and moves to a chair or sofa to feed in order to avoid bed sharing and accidentally falls asleep. Sofa and chair sharing have consistently been pointed out as risk factors in SIDS research (AAP 2005b; Tappin et al., 2005). The present findings that a substantial minority of the participating infants were bed sharing with other children present further emphasizes the need to inform new mothers about how to bed share safely, as previous research has found that this type of bed sharing is hazardous (Hauck et al., 2003; AAP 2000).

Opponents of bed sharing claim that breastfeeding can easily be facilitated by room sharing instead of bed sharing, and that room sharing is safer than bed sharing. However, the present results show that the significant relation between breastfeeding and sleeping arrangements is dependent on bed sharing. Bed sharers are significantly more likely to breastfeed than both room sharers and solitary sleepers. And while room sharers tend to breastfeed more than solitary sleepers, the relation is not significant. Further, in Stray-Pedersen and colleagues' discussion, whether bed sharing per se is dangerous is questioned. Stray-Pedersen and colleagues point out that during the last 6 years in southeast Norway there has only been one SIDS death occurring in a bed sharing situation in the absence of other known risk factors (Stray-Pedersen et al., 2005).

The current findings suggest that bed sharing does promote breastfeeding, and although causation has not been proven, there is no reason to discourage all bed sharing. There are hazardous forms of bed sharing, but it does not seem likely that bed sharing per se is hazardous, and discouraging non smoking non impaired healthy mothers of healthy infants from bed sharing in any situation could make it unnecessarily difficult for some of them to breastfeed. Although internationally Norway is known as a breastfeeding leader, there are still many Norwegian mothers who are not breastfeeding in accordance with current recommendations. The present results show that many of the participating mothers gave up breastfeeding before planned. It is possible that some of them would have breastfed longer if bed sharing were not discouraged. Stray-Pedersen and colleagues recommend in their discussion that new mothers in Norway be given information about how to practice bed sharing "safely" if they want to, as is the trend internationally (Stray-Pedersen et al., 2005). The present author agrees with them. In light of the fact that experts do not currently agree about whether or not it is safe to bed share, and many mothers are bed sharing in order to facilitate breastfeeding, the Directorate for Health and Social Affairs should provide

Norwegian mothers with advice about the precautions they should take if they choose to share a bed with their babies.

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APPENDIX A: FIRST QUESTIONNAIRE:

Spørreskjema til sovearrangementundersøkelsen Deltakernr._____

For hvert spørsmål ber vi om at du setter ring rundt, eller krysser av, kun ett alternativ, med unntak av der det gis anledning til å krysse av flere alternativer.

Så snart du har fylt ut skjemaet, vennligst send det, og samtykket, tilbake til oss i den vedlagte frankerte svarkonvolutten.

På forhånd tusen takk!

1) Ditt navn _____

Adresse_____

_____

_____

2) Alder: ____ år

3) Jeg er (sett ett kryss): __Gift
__Skilt/Separert
__Samboer
__Enslig
__Enke

4) Røyker du? __Daglig
__Av og til
__Aldri

5) Utdanning (høyest fullførte):

__Grunnskole
__Videregående
__Inntil 4 år høyere utdanning (Universitets- eller høgskolenivå)
__Mer enn 4 år høyere utdanning (Universitets- eller høgskolenivå)

6) Er du i arbeid nå? __Ja, heltid
__Ja, deltid
__Arbeidsledig
__Hjemmeværende
__Trygdet
__Går på skole, kurs e.l.

7) Hvilket yrke har du?_____

8) Har du barn fra før? __Ja
__Nei (**hvis nei, gå til spørsmål 28**)

9) Hvis ja, hvor mange?___

For hvert barn du har fra før, begynnende med det eldste:

Eldste:

10) Hvor gammelt er barnet? __år.

11) Er dette ditt biologiske barn? __Ja
__Nei

12) Hvor sov dette barnet i hovedsak i sine første 6 mnd.? (Kryss av ett alternativ):

__I egen seng i eget rom
__I barnevogn eller bilstol/babystol
__I egen seng i mitt/vårt rom
__I samme seng som meg (eller meg og en annen voksen)
__I samme seng som meg og andre barn (eller meg og en annen voksen og andre barn)
__I samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke meg
__I samme seng som andre barn (ingen voksne)
__Annet_____(spesifiser)
__Jeg vet ikke/husker ikke

13) Ammet du dette barnet? __Ja
__Nei (**Hvis nei, og du har flere enn ett barn fra før, gå til spørsmål 16. Hvis nei og du ikke har flere barn, gå til spørsmål 28**)

14) Hvis ja, hvor lenge ble dette barnet kun gitt brystmelk? Inntil barnet var___mnd. gammelt.
15) Hvor gammelt var barnet da du helt stoppet å gi brystmelk? ___mnd. gammelt.

Hvis du bare har ett barn fra før, gå til spørsmål 28.

Nest eldste:

16) Hvor gammelt er barnet? __år.

17) Er dette ditt biologiske barn? __Ja
__Nei

18) Hvor sov dette barnet i hovedsak i sine første 6 mnd.? (Kryss av ett alternativ):

__I egen seng i eget rom
__I barnevogn eller bilstol/babystol
__I egen seng i mitt/vårt rom
__I samme seng som meg (eller meg og en annen voksen)
__I samme seng som meg og andre barn (eller meg og en annen voksen og andre barn)
__I samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke meg
__I samme seng som andre barn (ingen voksne)
__Annet_____(spesifiser)
__Jeg vet ikke/husker ikke

19) Ammet du dette barnet? __Ja
__Nei (**Hvis nei, og du har flere enn to barn fra for, gå til spørsmål 22. Hvis nei og du ikke har flere barn, gå til spørsmål 28**)

20) Hvis ja, hvor lenge ble dette barnet kun gitt brystmelk? Inntil barnet var___mnd. gammelt.

21) Hvor gammelt var barnet da du helt stoppet å gi brystmelk? ___mnd. gammelt.

Hvis du bare har to barn fra før, gå til spørsmål 28

Nest nest eldste:

22) Hvor gammelt er barnet? __år.

23) Er dette ditt biologiske barn? __Ja
__Nei

24) Hvor sov dette barnet i hovedsak i sine første 6 mnd.? (Kryss av ett alternativ):

__I egen seng i eget rom
__I barnevogn eller bilstol/babystol
__I egen seng i mitt/vårt rom
__I samme seng som meg (eller meg og en annen voksen)
__I samme seng som meg og andre barn (eller meg og en annen voksen og andre barn)

__I samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke meg
__I samme seng som andre barn (ingen voksne)
__Annet_____(spesifiser)
__Jeg vet ikke/husker ikke

25)Ammet du dette barnet? __Ja
__Nei (**Hvis nei, gå til spørsmål 28**)

26) Hvis ja, hvor lenge ble dette barnet kun gitt brystmelk? Inntil barnet var___mnd. gammelt.

27) Hvor gammelt var barnet da du helt stoppet å gi brystmelk? ___mnd. gammelt.

*****

28) Hva er ditt morsmål?_____

29) Hva er ditt trossamfunn?_____

30) Er du født i Norge? __Ja
__Nei, jeg er født i _____
(skriv navnet på landet)

31) Hvis du ikke er født i Norge, hvor lenge har du bodd i Norge? Siden_____
(Dato du flyttet hit)

32) Hvor planlegger du (i hovedsak) å la babyen din sove når han/hun kommer hjem fra sykehuset? (Kryss av ett alternativ):

__I egen seng i eget rom
__I barnevogn eller bilstol/babystol
__I egen seng i mitt/vårt rom
__I samme seng som meg (eller meg og en annen voksen)
__I samme seng som meg og andre barn (eller meg og en annen voksen og andre barn)
__I samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke meg
__I samme seng som andre barn (ingen voksne)
__Annet_____(spesifiser)
__Jeg vet ikke

33) Med hensyn til hvor du planlegger å la babyen din sove; hvorfor planlegger du å la den sove der? Kryss av alle aktuelle alternativer:

__Fordi det er der babyer normalt sover
__Det er det tryggeste stedet for babyen å sove
__Det vil bli enklere å amme babyen hvis den sover der
__Babyen vil sove bedre der
__Jeg vil sove bedre hvis babyen sover der
__Partneren min vil sove bedre hvis babyen sover der
__Av plasshensyn må babyen sove der
__Det er best for forholdet mellom partneren min og meg hvis babyen sover der

__Det er best for forholdet mellom meg/oss og babyen min/vår hvis babyen sover der
__Det er der fagfolk mener babyer bør sove
__Det er der mine venner mener babyer bør sove
__Det er der min familie mener babyer bør sove
__Folk flest mener babyer bør sove på den måten
__Å la babyen sove på denne måten vil være positivt for utviklingen av barnets uavhengighet
__Fordi det er den enkleste måten å få babyer til å sove på
__Fordi det er den eneste måten å få babyer til å sove på
__Annet (spesifiser)_____

34) Tror du babyen din noen gang kommer til å sove i egen seng i eget rom i løpet av de første 6 mnd. av babyens liv?__Ja
__Nei

35) Tror du babyen din noen gang kommer til å sove i egen seng i ditt/deres rom i løpet av de første 6 mnd. av babyens liv?__Ja
__Nei

36) Tror du babyen din noen gang kommer til å sove sammen med deg i din/deres seng i løpet av de første 6 mnd av babyens liv? __Ja
__Nei

37) Tror du babyen din noen gang kommer til å sove sammen med deg i din/deres seng etter de første 6 mnd av babyens liv? __Ja
__Nei

38) Planlegger du å amme babyen din? __Ja
__Nei (**Hvis nei, gå til spørsmål 41**)

39) Hvis ja, hvor lenge planlegger du å gi kun brystmelk?
Inntil babyen er ___mnd. gammel.

40) Hvis du planlegger å amme, hvor lenge planlegger du å gi babyen din brystmelk (i tillegg til annen mat)?
Inntil babyen er ___mnd. gammel.

41) Hvor sannsynlig tror du det er at babyen din faktisk kommer til å sove der hvor du planlegger å ha ham/henne sove? (Sett sirkel rundt ett alternativ).

Veldig sannsynlig	Noe sannsynlig	Jeg vet ikke	Litt usannsynlig	Veldig usannsynlig

42) Forutsatt at babyen din kommer til å sove der du planlegger, hvor fornøyd forventer du å være med denne løsningen? (Sett sirkel rundt ett alternativ).

Veldig fornøyd	Noe fornøyd	Verken fornøyd eller misfornøyd	Litt misfornøyd	Veldig misfornøyd

43) Hvor fornøyd forventer du å være dersom babyen din ender opp med å sove et annet sted enn planlagt? (Sett sirkel rundt ett alternativ).

Veldig fornøyd	Noe fornøyd	Verken fornøyd eller misfornøyd	Litt misfornøyd	Veldig misfornøyd

44) Rent generelt, hvor mener du babyer helst bør sove?:

__I eget rom i egen seng
__I foreldresoverom i egen seng
__I samme seng som en eller begge foreldre
__Annet (spesifiser)_____

45) Hvilken prosentandel av 0-4 mnd. gamle babyer (født/oppvokst i Norge) tror du vanligvis sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

46) Hvilken prosentandel av 0-4 mnd. gamle babyer (født/oppvokst i Norge) tror du en gang iblant sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

47) Hvilken prosentandel av 5-12 mnd. gamle babyer (født/oppvokst i Norge) tror du vanligvis sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

48) Hvilken prosentandel av 5-12 mnd. gamle babyer (født/oppvokst i Norge) tror du en gang iblant sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

49) Som barn, fikk du lov til å sove sammen med dine foreldre?: __Ja
__Nei

50) Hvis ja, hvor ofte fikk du lov til å sove sammen med dine foreldre?:

__Så ofte som jeg ville
__Av og til
__En sjelden gang
__Aldri

51) Slik du vurderer det, hvor fornuftig er det at 0-4 mnd. gamle babyer deler seng med sine foreldre? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

52) Slik du vurderer det, hvor fornuftig er det at 5-12 mnd. gamle babyer deler seng med sine foreldre? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

53) Slik du vurderer det, hvor fornuftig er det at 0-4 mnd. gamle babyer sover i egen seng i forelderens soverom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

54) Slik du vurderer det, hvor fornuftig er det at 5-12 mnd. gamle babyer sover i egen seng i forelderens soverom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

55) Slik du vurderer det, hvor fornuftig er det at 0-4 mnd. gamle babyer sover i egen seng i eget rom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

56) Slik du vurderer det, hvor fornuftig er det at 5-12 mnd. gamle babyer sover i egen seng i eget rom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

Hva er din oppfatning av følgende:

57) Generelt sett er det tryggest for babyen å sove i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

58) Generelt sett er det tryggest for babyen å sove i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

59) Generelt sett er det tryggest for babyen å sove i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

60) Generelt sett er det enklere å amme en baby hvis den sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

61) Generelt sett er det enklere å amme en baby hvis den sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

62) Generelt sett er det enklere å amme en baby hvis den sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

63) Generelt sett sover babyer bedre i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

64) Generelt sett sover babyer bedre i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

65) Generelt sett sover babyer bedre i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

66) Generelt sett sover foreldrene best hvis babyen sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

67) Generelt sett sover foreldrene best hvis babyen sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

68) Generelt sett sover foreldrene best hvis babyen sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

69) Generelt sett er det best for forholdet mellom foreldrene hvis babyen sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

70) Generelt sett er det best for forholdet mellom foreldrene hvis babyen sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

71) Generelt sett er det best for forholdet mellom foreldrene hvis babyen sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

72) Generelt sett blir forholdet mellom foreldrene og babyen bedre hvis babyen sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

73) Generelt sett blir forholdet mellom foreldrene og babyen bedre hvis babyen sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

74) Generelt sett blir forholdet mellom foreldrene og babyen bedre hvis babyen sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

75) Generelt sett blir barn mer uavhengige dersom de som babyer sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

76) Generelt sett blir barn mer uavhengige dersom de som babyer sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

77) Generelt sett blir barn mer uavhengige dersom de som babyer sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

78) Generelt sett oppfordrer de fleste fagfolk til at babyer bør sove (Kryss av ett alternativ):

__i egen seng i eget rom
__i egen seng i foreldrenes rom
__i foreldrenes seng sammen med foreldrene
__annet (spesifiser)_____

79) Det er vanskelig å vite hvor fagfolk mener at babyer bør sove, da fagfolk ikke er enige seg i mellom. (Sett sirkel rundt ett alternativ):

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

80) Generelt sett mener folk flest at babyer bør sove:

__i egen seng i eget rom
__i egen seng i foreldrenes rom
__i foreldrenes seng sammen med foreldrene
__annet (spesifiser)_____

81) Generelt sett er folk flest ikke enige om hvor de mener babyer bør sove. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

82) Generelt sett spiller det ingen rolle hvor babyen sover. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

Kommentarer?_____
_____
_____

Tusen takk for din deltakelse!! Husk å returnere spørreskjemaet **sammen med samtykket** i den vedlagte, ferdig frankerte, svarkonvolutten.

APPENDIX B: SECOND QUESTIONNAIRE:

Spørreskjema til sovearrangementundersøkelsen Deltakernr._____

For hvert spørsmål ber vi om at du setter ring rundt, eller krysser av, kun ett alternativ, med unntak av der det gis anledning til å krysse av flere alternativer.

Så snart du har fylt ut skjemaet, vennligst send det tilbake til oss i den vedlagte frankerte svarkonvolutten.

Hvis du vil motta et sammendrag av resultatene av forskningsprosjektet via e-post, oppgi e-postadressen din her_____ (men ikke skriv e-postadressen din hvis du ikke vil motta et sammendrag av resultatene) Adressene vil kun bli brukt til å sende resultatene, og vil deretter bli slettet.

Dette spørreskjemaet gjelder babyen du fødte for ca. et halvt år siden.

På forhånd tusen takk!

1) Antall babyer du fødte for ca. et halvt år siden?___ (*Hvis du fikk tvillinger eller flere, ber vi deg fra nå av om bare å relatere svarene til den som ble født først).*

2) Når ble babyen din født? ___/___/____
(dd/mm/åååå)

3) Hvilken svangerskapsuke var du i da babyen din ble født?
Svangerskapsuke____. Jeg hadde termin på ___/___/____.
(dd/mm/åååå)

4) Hva var fødselsvekten til babyen? _____ gr.

5) Jeg fødte (sett ett kryss): __ en gutt
__ ei jente

6) Jeg er (sett ett kryss): __Gift
__Skilt/Separert
__Samboer
__Enslig
__Enke

7) a) Hvor mange soverom har boligen din?_____
b) Hvor mange rom har boligen din?____

8) Hvor mange personer bor i husstanden?___
hvorav _____er barn (under 18), og
_____er voksen/voksne

9) Røyker du? __Daglig
__Av og til
__Aldri

10) Hvor legger du som regel babyen din ved sengetid?

__I egen seng i eget rom
__I barnevogn eller bilstol/babystol
__I egen seng i mitt/vårt rom
__I samme seng som meg (eller meg og en annen voksen)
__I samme seng som meg og andre barn (eller meg og en annen voksen og andre barn)
__I samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke meg
__I samme seng som andre barn (ingen voksne)
__Annet_____(spesifiser)

11) Uansett hvor babyen begynner å sove ved sengetid, hvor sover babyen din som oftest rent faktisk (vanligvis)?

__I egen seng i eget rom
__I barnevogn eller bilstol/babystol
__I egen seng i mitt/vårt rom
__I samme seng som meg (eller meg og en annen voksen)
__I samme seng som meg og andre barn (eller meg og en annen voksen og andre barn)
__I samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke meg
__I samme seng som andre barn (ingen voksne)
__Annet_____(spesifiser)

12) Med hensyn til hvor babyen din oftest sover; hvorfor sover han/hun der? Kryss av alle aktuelle alternativer:

__Fordi det er der babyer normalt sover
__Fordi dette er tryggest for ham/henne
__Fordi det gjør det enklere å amme
__Fordi han/hun sover bedre på den måten
__Fordi jeg sover bedre på den måten
__Fordi partneren min sover bedre på den måten
__Av plasshensyn må han/hun sove der
__Det er best for forholdet mellom partneren og meg hvis han/hun sover der
__Det er best for forholdet mellom meg/oss og min/vår baby hvis han/hun sover der
__Fordi fagfolk anbefaler at babyer sover der
__Fordi mine venner mener han/hun bør sove på den måten
__Fordi familien min mener han/hun bør sove på den måten
__Folk flest mener han/hun bør sove på den måten
__Å la babyen sove på denne måten er positivt for utviklingen av barnets uavhengighet
__Fordi det var den enkleste måten jeg fikk ham/henne til å sove på
__Fordi det var den eneste måten jeg fikk ham/henne til å sove på
__Annet (spesifiser)_____

13) Hvor mange ganger i løpet av den siste uken sov babyen din (hele natten eller deler av natten) i samme seng som deg (eller deg og en annen voksen)? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

14) Hvor mange ganger i løpet av den siste uken sov babyen din (hele natten eller deler av natten) i samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke deg? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

15) Hvor mange ganger i løpet av den siste uken sov babyen din (hele natten eller deler av natten) i samme seng som deg og andre barn (eller deg og en annen voksen og andre barn)? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

16) Hvor mange ganger i løpet av den siste uken sov babyen din (hele natten eller deler av natten) i samme seng som andre barn (ingen voksne)? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

17) I løpet av den første måneden etter babyen ble født, hvor mange ganger i snitt pr. uke sov babyen din (hele natten eller deler av natten) i samme seng som deg (eller deg og en annen voksen)? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

18) I løpet av den første måneden etter babyen ble født, hvor mange ganger i snitt pr. uke sov babyen din (hele natten eller deler av natten) i samme seng som andre voksne (eks. partner, besteforeldre, osv.), men ikke deg? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

19) I løpet av den første måneden etter babyen ble født, hvor mange ganger i snitt pr. uke sov babyen din (hele natten eller deler av natten) i samme seng som deg og andre barn (eller deg og en annen voksen og andre barn)? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

20) I løpet av den første måneden etter babyen ble født, hvor mange ganger i snitt pr. uke sov babyen din (hele natten eller deler av natten) i samme seng som andre barn (ingen voksne)? (Sett sirkel rundt ett alternativ).

0 ganger 1-2 ganger 3-5 ganger mer enn 5 ganger

21) I går natt, sov babyen din (hele natten eller deler av natten) i samme seng som andre?

__Ja
__Nei

22) Hvis ja, hvem? (kryss av alle aktuelle alternativer):

__deg (eller deg og en annen voksen)
__deg og andre barn (eller deg og en annen voksen og andre barn)
__andre voksne (eks. partner, besteforeldre, osv.), men ikke deg
__andre barn (ingen voksne)

23) Har babyen din noen gang sovet i samme seng som andre?

__Ja
__Nei

24) Hvis ja, hvem? (kryss av alle aktuelle alternativer):

__deg (eller deg og en annen voksen)
__deg og andre barn (eller deg og en annen voksen og andre barn)
__andre voksne (eks. partner, besteforeldre, osv.), men ikke deg
__andre barn (ingen voksne)

25) I hvilken posisjon legger du babyen din i når den skal sove?

__ på ryggen
__ på siden
__ på magen

26) Uansett hvor babyen begynner å sove ved sengetid, hvilken soveposisjon bruker babyen din som oftest?

__ på ryggen
__ på siden
__ på magen

27) Sover babyen din av og til i én eller flere av følgende posisjoner:

a) på ryggen?	__Ja __Nei
b) på siden?	__Ja __Nei
c) på magen?	__Ja __Nei

28) Hvor ønsker du at babyen din vanligvis skal sove?

__I egen seng i eget rom
__I barnevogn eller bilstol/babystol
__I egen seng i mitt/vårt rom
__I samme seng som meg (eller meg og en annen voksen)
__I samme seng som meg og andre barn (eller meg og en annen voksen og andre barn)
__I samme seng som andre voksne, men ikke meg
__I samme seng som andre barn (ingen voksne)
__Annet_____(spesifiser)

29) Har du ammet babyen din?: __Ja, jeg ammer forsatt **(gå til spørsmål 30**)
__Ja, men jeg har sluttet (**gå til spørsmål 42**)
__Nei (**gå til spørsmål 51**)

30) Får babyen din annen mat i tillegg til brystmelk?

__Ja
__Nei

31) Hvis ja, hvor gammel var babyen din da du begynte å gi ham/henne annen mat i tillegg?

___mnd gammel.

32) Ammer du babyen din om natta?

__Ja
__Nei

33) Hvis ja, når du ammer ham/henne om natta, hvor ofte ammer du ham/henne i din seng. (Sett sirkel rundt ett alternativ).

Alltid Ofte Av og til En sjelden gang Aldri

34) Har det noen gang hendt at babyen har sovet i din seng sammen med deg etter at du har ammet ham/henne?

__Ja
__Nei

35) Hvis ja, sover babyen din som regel i din seng etter at du har ammet ham/henne?

__Ja
__Nei, jeg flytter ham/henne til egen seng i mitt/vårt rom
__Nei, jeg flytter ham/henne til hans/hennes egen seng i eget rom
__Nei, jeg flytter ham/henne til et annet sted_____(spesifiser hvor)

36) Hvis du ammer babyen din i din seng om natta, hvor ofte sover babyen din sammen med deg i din seng etterpå? (Sett sirkel rundt ett alternativ).

Alltid Ofte Av og til En sjelden gang Aldri

37) Hvor lenge planlegger du å gi babyen din brystmelk (i tilegg til annen mat)?

Inntil han/hun er ____mnd gammel.

38) Dersom du ammet babyen din om natten i løpet av de fire første ukene etter fødselen, hvor ofte ammet du ham/henne i din seng? (Sett sirkel rundt ett alternativ).

Alltid Ofte Av og til En sjelden gang Aldri

39) Dersom du ammet babyen din om natten i løpet av de fire første ukene etter fødselen, sov babyen din som regel i din seng etter ammingen?

__Ja
__Nei, jeg flyttet ham/henne til egen seng i mitt/vårt rom
__Nei, jeg flyttet ham/henne til hans/hennes egen seng i eget rom
__Nei, jeg flyttet ham/henne til et annet sted_____(spesifiser hvor)

40) Dersom du ammet babyen din i din seng om natten i løpet av de fire første ukene etter fødselen, hvor ofte sov babyen din sammen med deg i din seng etterpå? (Sett sirkel rundt ett alternativ).

Alltid Ofte Av og til En sjelden gang Aldri

41) Har det hendt at du har latt babyen din sove sammen med deg i din seng for å gjøre det enklere å amme ham/henne?

__Ja
__Nei
__Delvis (det har delvis skjedd av den grunn)

Gå til spørsmål 52

42) Hvor gammel var babyen din da du sluttet å amme?

___mnd. gammel.

43) Hvor gammel var babyen din da han/hun fikk annen mat i tillegg til brystmelk?

___mnd gammel.

44) Da du ammet, ammet du om natta?

__Ja
__Nei

45) Dersom du ammet babyen din i løpet av de fire første ukene etter fødselen, hvor ofte ammet du ham/henne i din seng? (Sett sirkel rundt ett alternativ).

Alltid Ofte Av og til En sjelden gang Aldri

46) Har det noen gang hendt at babyen din har sovet i din seng sammen med deg etter at du har ammet ham/henne?

__Ja
__Nei

47) Hvis ja, sov babyen din som regel sammen med deg i din seng etter ammingen?

__Ja
__Nei, jeg flyttet ham/henne til egen seng i mitt/vårt rom
__Nei, jeg flyttet ham/henne til hans/hennes egen seng i eget rom
__Nei, jeg flyttet ham/henne til et annet sted_____(spesifiser hvor)

48) Dersom du ammet babyen din i din seng i løpet av de fire første ukene etter fødselen, hvor ofte sov babyen din sammen med deg etterpå? (Sett sirkel rundt ett alternativ).

Alltid Ofte Av og til En sjelden gang Aldri

49) Har det hendt at du har latt babyen din sove sammen med deg i din seng for å gjøre det enklere å amme ham/henne?

__Ja
__Nei
__Delvis (det har delvis skjedd av den grunn)

50) Sluttet du å amme pga vanskeligheter med å gjennomføre amming nattestid?

__Ja
__Nei
__Delvis (jeg sluttet delvis pga vanskeligheter med amming nattestid)

Gå til spørsmål 52

51) Hvis du aldri har ammet babyen din, skyldtes dette et ønske om å unngå problemer relatert til mating nattestid?

__Ja
__Nei
__Delvis (det skyldes delvis et ønske om å unngå slike problemer)

*****

52) Hvor fornøyd er du med hvor babyen din vanligvis sover?

Veldig fornøyd	Litt fornøyd	Det spiller ingen rolle	Litt misfornøyd	Veldig misfornøyd

53) Er det et annet sted du ville ha foretrukket at han/hun sov?

__Ja Hvis ja, hvor_____
__Nei

54) Rent generelt, hvor mener du babyer helst bør sove?:

__I eget rom i egen seng
__I foreldresoverom i egen seng
__I samme seng som en eller begge foreldre
__Annet (spesifiser)_____

55) Hvilken prosentandel av 0-4 mnd. gamle babyer (født/oppvokst i Norge) tror du vanligvis sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

56) Hvilken prosentandel av 0-4 mnd. gamle babyer (født/oppvokst i Norge) tror du minst en gang iblant sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

57) Hvilken prosentandel av 5-12 mnd. gamle babyer (født/oppvokst i Norge) tror du vanligvis sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

58) Hvilken prosentandel av 5-12 mnd. gamle babyer (født/oppvokst i Norge) tror du minst en gang iblant sover i foreldrenes seng sammen med en eller begge av foreldrene? ___%

59) Slik du vurderer det, hvor fornuftig er det at 0-4 mnd. gamle babyer deler seng med sine foreldre? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

60) Slik du vurderer det, hvor fornuftig er det at 5-12 mnd. gamle babyer deler seng med sine foreldre? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

61) Slik du vurderer det, hvor fornuftig er det at 0-4 mnd. gamle babyer sover i egen seng i forelderens soverom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

62) Slik du vurderer det, hvor fornuftig er det at 5-12 mnd. gamle babyer sover i egen seng i forelderens soverom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

63) Slik du vurderer det, hvor fornuftig er det at 0-4 mnd. gamle babyer sover i egen seng i eget rom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

64) Slik du vurderer det, hvor fornuftig er det at 5-12 mnd. gamle babyer sover i egen seng i eget rom? (Sett sirkel rundt ett alternativ).

Veldig fornuftig	Noe fornuftig	Verken fornuftig eller ufornuftig	Noe ufornuftig	Veldig ufornuftig

Hva er din oppfatning av følgende:

65) Generelt sett er det tryggest for babyen å sove i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

66) Generelt sett er det tryggest for babyen å sove i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

67) Generelt sett er det tryggest for babyen å sove i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

68) Generelt sett er det enklere å amme en baby hvis den sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

69) Generelt sett er det enklere å amme en baby hvis den sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

70) Generelt sett er det enklere å amme en baby hvis den sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

71) Generelt sett sover babyer bedre i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

72) Generelt sett sover babyer bedre i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

73) Generelt sett sover babyer bedre i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

74) Generelt sett sover foreldrene best hvis babyen sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

75) Generelt sett sover foreldrene best hvis babyen sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

76) Generelt sett sover foreldrene best hvis babyen sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

77) Generelt sett er det best for forholdet mellom foreldrene hvis babyen sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

78) Generelt sett er det best for forholdet mellom foreldrene hvis babyen sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

79) Generelt sett er det best for forholdet mellom foreldrene hvis babyen sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

80) Generelt sett blir forholdet mellom foreldrene og babyen bedre hvis babyen sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

81) Generelt sett blir forholdet mellom foreldrene og babyen bedre hvis babyen sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

82) Generelt sett blir forholdet mellom foreldrene og babyen bedre hvis babyen sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

83) Generelt sett blir barn mer uavhengige dersom de som babyer sover i egen seng i eget rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

84) Generelt sett blir barn mer uavhengige dersom de som babyer sover i egen seng i foreldrenes rom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

85) Generelt sett blir barn mer uavhengige dersom de som babyer sover i foreldrenes seng sammen med foreldrene. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

86) Generelt sett oppfordrer de fleste fagfolk til at babyer bør sove:

__i egen seng i eget rom
__i egen seng i foreldrenes rom
__i foreldrenes seng sammen med foreldrene
__annet (spesifiser)_____

87) Det er vanskelig å vite hvor fagfolk mener at babyer bør sove, da fagfolk ikke er enige seg i mellom. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

88) Generelt sett mener folk flest at babyer bør sove

__i egen seng i eget rom
__i egen seng i foreldrenes rom
__i foreldrenes seng sammen med foreldrene
__annet (spesifiser)_____

89) Generelt sett er folk flest ikke enige om hvor de mener babyer bør sove. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

90) Generelt sett spiller det ingen rolle hvor babyen sover. (Sett sirkel rundt ett alternativ).

Helt enig	Litt enig	Verken enig eller uenig	Litt uenig	Helt uenig

Kommentarer?_____
_____
_____

TUSEN TAKK!!!